

<i>SERFF Tracking Number:</i>	<i>HART-125712855</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.07.002.2008.02</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders</i>		
<i>Project Name/Number:</i>	<i>File 2 new notification forms countrywide/FF.07.002.2008.02</i>		

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Sentinel Insurance Company Limited, Trumbull Insurance Company, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: IH 03 01 06 08 and IH 03 02 06 08 SERFF Tr Num: HART-125712855 State: Arkansas
08 Notifications to Certholders

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: FF.07.002.2008.02 State Status: Fees verified and received

Filing Type: Form	Co Status: Initial Filing	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Martha Cain, Joyce Driscoll, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac	Disposition Date: 07/07/2008
	Date Submitted: 07/07/2008	Disposition Status: Approved

Effective Date Requested (New): 10/25/2008	Effective Date (New): 10/25/2008
Effective Date Requested (Renewal): 10/25/2008	Effective Date (Renewal): 10/25/2008

State Filing Description:

General Information

Project Name: File 2 new notification forms countrywide
Project Number: FF.07.002.2008.02
Reference Organization:
Reference Title:
Filing Status Changed: 07/07/2008
State Status Changed: 07/07/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: HART-125712855 State: Arkansas
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Company Tracking Number: FF.07.002.2008.02
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders
Project Name/Number: File 2 new notification forms countrywide/FF.07.002.2008.02

Filing Description:

This filing introduces 2 new forms which may be used with our Special Multi Flex policy. These forms provide for specific number of days notice of cancellation, or cancellation and non-renewal, to parties we have agreed to provide the notification to, on behalf of our named insured. These optional forms will be used when our insured requests that we notify a third party of any: 1. Cancellation, or 2. Cancellation or non-renewal, of our insured's policy. There is no coverage or rate impact associated with the use of these endorsements. They simply notify the designated third party and do not impact our existing notification requirements to the named insured. Both forms also include clarifying language that "in no event, however, will notice of cancellation be less than the minimum number of days required by the jurisdiction to which this endorsement applies".

Company and Contact

Filing Contact Information

Marilu Gonzalez, Filing Analyst marilu.gonzalez2@thehartford.com
Hartford Plaza HO-GL-19 (860) 547-3471 [Phone]
Hartford, CT 06155 (860) 547-5941[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of	CoCode: 34690	State of Domicile: Indiana
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Hartford

Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	Group Code: 91 Group Name: FEIN Number: 06-1276326 -----	Company Type: Property State ID Number:
Sentinel Insurance Company Limited Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 11000 Group Code: 91 Group Name: FEIN Number: 06-1552103 -----	State of Domicile: Connecticut Company Type: Property State ID Number:
Trumbull Insurance Company Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 27120 Group Code: 91 Group Name: FEIN Number: 06-1184984 -----	State of Domicile: Connecticut Company Type: Property State ID Number:
Twin City Fire Insurance Company Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 29459 Group Code: 91 Group Name: FEIN Number: 06-0732738 -----	State of Domicile: Indiana Company Type: Property State ID Number:
Hartford Accident and Indemnity Company 690 Asylum Ave Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 22357 Group Code: 91 Group Name: FEIN Number: 06-0383030 -----	State of Domicile: Connecticut Company Type: Property State ID Number:
Hartford Fire Insurance Company Hartford Plaza 690 Asylum Avenue Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 19682 Group Code: 91 Group Name: FEIN Number: 06-0383750 -----	State of Domicile: Connecticut Company Type: State ID Number:

SERFF Tracking Number: HART-125712855 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.07.002.2008.02

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability

Product Name: IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders

Project Name/Number: File 2 new notification forms countrywide/FF.07.002.2008.02

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50 flat fee

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$0.00	07/07/2008	
Hartford Insurance Company of the Midwest	\$0.00	07/07/2008	
Hartford Underwriters Insurance Company	\$0.00	07/07/2008	
Property and Casualty Insurance Company of Hartford	\$0.00	07/07/2008	
Sentinel Insurance Company Limited	\$0.00	07/07/2008	
Trumbull Insurance Company	\$0.00	07/07/2008	
Twin City Fire Insurance Company	\$0.00	07/07/2008	
Hartford Accident and Indemnity Company	\$0.00	07/07/2008	
Hartford Fire Insurance Company	\$50.00	07/07/2008	21270541

Correspondence Summary

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/07/2008	07/07/2008

SERFF Tracking Number:	HART-125712855	State:	Arkansas
First Filing Company:	Hartford Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	FF.07.002.2008.02		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
Product Name:	IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders		
Project Name/Number:	File 2 new notification forms countrywide/FF.07.002.2008.02		

Disposition

Disposition Date: 07/07/2008
Effective Date (New): 10/25/2008
Effective Date (Renewal): 10/25/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HART-125712855 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.07.002.2008.02

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Notice of Cancellation to Designated Person(s) or Organization(s) Other Than the Named Insured	Approved	Yes
Form	Notice of Cancellation or Non-Renewal to Designated Person(s) or Organization(s) Other Than the Named Insured	Approved	Yes

SERFF Tracking Number: HART-125712855 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.07.002.2008.02

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Cancellation to Designated Person(s) or Organization(s) Other Than the Named Insured	IH 03 01 06 08		Endorsement/Amendment/Conditions		0.00	IH03010608.pdf
Approved	Notice of Cancellation or Non-Renewal to Designated Person(s) or Organization(s) Other Than the Named Insured	IH 03 02 06 08		Endorsement/Amendment/Conditions		0.00	IH03020608.pdf

POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION
TO DESIGNATED PERSON(S) OR ORGANIZATION(S)
OTHER THAN THE NAMED INSURED**

This policy is subject to the following conditions.

SCHEDULE	
Number of Days Notice _____	
Name of Person(s) or Organization(s)	Mailing Address

If this policy is cancelled, we agree that the person(s) or organization(s) listed in the Schedule above will be notified at least:

- a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
- b. The number of days shown in the Schedule above before the effective date of cancellation if we cancel for any other reason.

In no event, however, will notice of cancellation be less than the minimum number of days required by the jurisdiction to which this endorsement applies.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.



**NOTICE OF CANCELLATION OR NON-RENEWAL
TO DESIGNATED PERSON(S) OR ORGANIZATION(S)
OTHER THAN THE NAMED INSURED**

SCHEDULE	
Number of Days Notice _____	
Name of Person(s) or Organization(s)	Mailing Address

- a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
- b. The number of days shown in the Schedule above before the effective date of cancellation or non-renewal if we cancel or non-renew for any other reason.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.

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<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.07.002.2008.02</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders</i>		
<i>Project Name/Number:</i>	<i>File 2 new notification forms countrywide/FF.07.002.2008.02</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125712855 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: FF.07.002.2008.02
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
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Product Name: IH 03 01 06 08 and IH 03 02 06 08 Notifications to Certholders
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/07/2008

Comments:

Attached is the Property and Casualty Transmittal and the Form Filing Schedule.

Attachments:

AR SMF PC TD-1.pdf
AR SMF PC FFS-1.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 07/07/2008

Comments:

Attached is the Explanatory Memorandum.

Attachment:

CMP EM.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Trumbull Ins. Co.	Connecticut	00914-27120	06-1184984	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	
Sentinel Insurance Company	Connecticut	00914-11000	06-1552103	

5. Company Tracking Number	FF.07.002.2008.02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Marilu Gonzalez	Filing Analyst			Marilu.Gonzalez2
	Hartford Plaza, Hartford, CT 06115		860-547-3471	860-547-5941	@TheHartford.com
7.	Signature of authorized filer		<i>Marilu Gonzalez</i>		
8.	Please print name of authorized filer		Marilu Gonzalez		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	5.0 CMP Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/25/08 Renewal: 10/25/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	July 7, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	FF.07.002.2008.02			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Notice Of Cancellation To Designated Person(s) or Organization(s) Other Than The Named Insured	IH 03 01 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Notice Of Cancellation or Non-Renewal To Designated Person(s) or Organization(s) Other Than The Named Insured	IH 03 02 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**FORMS FILING
EXPLANATORY MEMORANDUM – COMMERCIAL MULTI PERIL
NOTICE OF CANCELLATION AND/OR NON-RENEWAL TO DESIGNATED THIRD PARTIES**

Filing # FF.07.002.2008.02

Overview

This filing introduces two new forms:

IH 03 01 Notice of Cancellation to Designated Person(s) or Organization(s) Other Than the Named Insured; and

IH 03 02 Notice of Cancellation or Non-Renewal to Designated Person(s) or Organization(s) Other Than the Named Insured

Purpose of This Filing

Both of these forms may be used with our Special Multi Flex policy. These forms provide for specific number of days notice of cancellation or cancellation and non-renewal to parties we have agreed to provide the notification to, on behalf of our named insured.

These optional forms will be used when our insured requests that we notify a third party of any:

1. Cancellation, or
2. Cancellation or non-renewal

of our insured's policy.

Coverage and Rate Impact

There is no coverage or rate impact associated with the use of these endorsements. They simply notify the designated third party and do not impact our existing notification requirements to the named insured. Both forms also include clarifying language that "in no event, however, will notice of cancellation be less than the minimum number of days required by the jurisdiction to which this endorsement applies".

Prepared by:

Tom Hartzell
Product Specialist
The Hartford Financial Services
One Hartford Plaza – HO-2
Hartford, CT. 06155
Ph. (860) 547-7434
Fax: (860) 547-4849
E-mail: tom.hartzell@thehartford.com